## Best Available Copy

CLAIMS AS FILED - PART (Column 1)  TOTAL CLAIMS  FOR  NUMBER FILED	(Column 2)		ENTITY			07250,
FOR NUMBER FILED		SMALL ENTITY TYPE		OR	OTHER THAN	
HOMOGITTIELD		RATE	FEE		RATE	FEE
	NUMBER EXTRA	BASIC FE	₹ 370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS (5 minus 20=	-	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS minus 3 =	2	X42=		OR	X84 <i>±</i>	168
MULTIPLE DEPENDENT CLAIM PRESENT		+140=		OR	+280=	100
* If the difference in column 1 is less than zero, enter *0" in column 2		TOTAL		OR	TOTAL	908
CLAIMS AS AMENDED - PART II				Jou	OTHER	
. The state of the	ımn 2) (Column 3)	SMALL	ENTITY	OR	SMALL	
REMAINING NUM AFTER PREVI	HEST MBER PRESENT IOUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total * / Minus **	20 -0	X\$ 9=		OR	X\$18=	
Independent + 3 Minus +++ 3 FIRST PRESENTATION OF MULTIPLE DEPENDEN		X42=	2.	OR	X84=	
THIS THE DEPENDEN	T COAIM	+140=		OR	+280=	
		TOTAL		\_ \	TOTAL	
	mn 2) (Column 3)	ADDIT. FEE		,,	NODIT. FEE	
REMAINING THE ALLEM	HEST HBER OUSLY FOR PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AFTER AMENDMENT PAID  Total	Ø -	X\$ 9=		OR	X\$18=	
Independent + 5 Minus +++	) -	X42=		OR	X84=	,
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				OR	+280=	
		TOTAL		L	TOTAL	
(Column 1) (Colum	mn 2) (Column 3)	ADDIT. FEE	<u> </u>	J., A	DDIT. FEEL	
CLAIMS HIGH REMAINING NUM AFTER PREVIC AMENDMENT PAID  Total " Minus ***  Independent * Minus ***	BER PRESENT OUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total • Minus •••	9	X\$ 9=		OR	X\$18=	
Independent • Minus •••	<b>=</b>	X42=			X84≈	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		A-42=		OR	∧04≈	
If the entry in column 1 is less than the entry in column 2, write	: "0" in column 3.	+140=		OR	+280=	
If the "Highest Number Previously Paid For" IN THIS SPACE is "If the "Highest Number Previously Paid For" IN THIS SPACE is The "Highest Number Previously Paid For" (Total or Independent	s less than 20, enter "20."	ADDIT. FEE			TOTAL DDIT. FEE	